



The Delaware Code (31 Del. C. §520) provides for judicial review of hearing decisions. In order to have a review of this decision in Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the decision. Readers are directed to notify the DSS Hearing Office, P.O. Box 906, New Castle, DE 19720 of any formal errors in the text so that corrections can be made.

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SOCIAL SERVICES**

In re:

DCIS No. 0000000000

Ms. Jones

Appearances: Ms. Jones, pro se Appellant

Kateri C. Fountain, Social Worker, Division of Social Services

**I.**

Ms. Jones ("Appellant") opposes a decision by the Division of Social Services ("DSS") to close her medical assistance benefits.

The Division of Social Services ("DSS") contends that the Appellant's earned income of \$2236.48 exceeds the income limit for a household of two (2).

**II.**

On April 10, 2012, DSS sent the Appellant a Notice to Deny Your Medical Assistance, effective April 30, 2012. (Exhibit 3)

The Appellant filed a request for a fair hearing date stamped April 26, 2012 requesting that benefits continue during the pendency of the hearing process. (Exhibit 2) The Fair Hearing Summary indicates that benefits have not continued. (Exhibit 1)

On May 2, 2012, DSS sent the Appellant a second Notice to Deny Your Medical Assistance for the Denial Period of May 1, 2012 – Ongoing. (Exhibit 4)

On May 24, 2012, DSS sent the Appellant a third Notice to Deny Your Medical Assistance for the Denial Period of July 1, 2012 – Ongoing. (Exhibit 5)

The Appellant was notified by certified letter dated June 5, 2012, that a fair hearing would be held on June 18, 2012. The hearing was conducted on that date in Georgetown, Delaware.

This is the decision resulting from that hearing.

### III.

The Appellant testified that she was seeking temporary assistance because she worked two part-time jobs and had taken a pay cut. The Appellant testified that in one job, she received commission and minimum wage and her bills exceeded her income. The Appellant had no evidence to submit and acknowledged that she had received the Notices of Denial and understood the state's income calculations.

DSS testified that the Appellant's income was over the limit for a household of two (2). DSS submitted two (2) Notices to Deny Your Medical Assistance into evidence, which were sent out after the original Notice to Deny Your Medical Assistance. This Hearing Officer noted that the Denial Period on the May 24, 2012 Notice to Deny Your Medical Assistance was July 1, 2012 – Ongoing. Whereas, the Notices to Deny Your Medical Assistance dated April 10, 2012 and May 2, 2012 indicated the Denial Period of May 1, 2012 – Ongoing. DSS explained that after the Appellant requested a Fair Hearing indicating that she wanted to continue to receive benefits, the state had to re-run the case, so the denial period was reviewed again, but with the same income figures as the original Notice to Deny Your Medical Benefits dated April 10, 2012. DSS also submitted a receipt with the handwritten notation of GHC Income in the first half and the handwritten notation of Regis in the second half which was attached to the second page of the Notice to Deny Your Medical Assistance dated May 2, 2012. (Exhibit 4) DSS testified that this receipt showed the state's calculations used to arrive at the Appellant's earned income. The documentation indicated that the Appellant's monthly income from Regis totaled \$972.86 and her monthly income from GHC totaled \$1,353.72. DSS subtracted the Earned Income Deduction of \$90.00 and determined that the Appellant's monthly earned income totaled \$2,236.48 ( $\$972.86 + \$1,353.72 - \$90.00 = \$2,236.48$ ). DSS explained that the Appellant submitted a renewal on April 4, 2012.

The income used in determining eligibility was taken from paystubs from GHC for the dates of March 9, 2012 and March 23, 2012 and two (2) paystubs from Regis. The Appellant is paid bi-weekly from GHC. The Appellant contacted DSS and told them that one of the paystubs from Regis was for the entire month. DSS then updated the Appellant's income based on the one Regis paystub from March 22, 2012 which included earned income for the entire month. DSS explained that the Appellant is paid semi-monthly from Regis.

The allowable income for a household of two (2) is \$1,261.00. Therefore, DSS testified that the Appellant's income is over the allowable limit for a household of two (2).

This Hearing Office noted that the April 10, 2012 Notice to Deny Your Medical Benefits indicated that the Appellant's earned income from Regis was more than the subsequent Notices to Deny Your Medical Assistance. DSS explained that the Regis income was initially counted incorrectly as bi-weekly, rather than semi-monthly. The Notices to Deny Your Medical Assistance dated May 2, 2012 and May 24, 2012 are reflective of the Appellant's actual earned income from Regis.

The Appellant requested and DSS provided an explanation regarding bi-weekly and semi-monthly income. This Hearing Officer further explained the conversion factor used in calculating earned income.

IV.

Pursuant to the Division of Social Services Manual ("DSSM") §16230, countable income is used to determine eligibility for benefits. DSSM Section 16230 defines countable income as earned or unearned income minus any disregards, if applicable.

Pursuant to DSSM §16230.1.1, DSS is only permitted to utilize gross income, and not net income (after expenses), for purposes of eligibility. As this benefit is based solely on income, there are no deductions made for medical or other expenses.

In this instance, DSS calculated the Appellant's monthly earned income and applied the Earned Income Deduction ( $\$972.86 + \$1,353.72 - \$90.00$ ) and determined that the Appellant's monthly earned income totaled \$2,236.48. DSS applied a monthly income limit for a household of two (2) amounting to \$1,261.00.

I find substantial evidence to support that DSS correctly denied the Appellant's renewal for medical assistance benefits based on her monthly earned income exceeding the income limit for a household of two (2).

V.

For these reasons, the decision of the Division of Social Services to deny the Appellant's medical assistance is AFFIRMED.

Date: July 18, 2012



STEPHANIE M. BARR, ESQ.  
HEARING OFFICER

THE FOREGOING IS THE FINAL DECISION OF THE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

July 18, 2012  
POSTED

cc: Ms. Jones  
Kateri C. Fountain, DSS  
Susan Ortega, DSS

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 - DSS Fair Hearing Summary consisting of two (2) pages date-stamped May 14, 2012.

EXHIBIT #2 - Copy of Appellant's request for a fair hearing, date-stamped May 14, 2012 consisting of one (1) page.

EXHIBIT #3 – Copy of a Notice to Close Your Medical Assistance dated April 10, 2012 consisting of four (4) pages.

EXHIBIT#4- Copy of Notice to Deny Your Medical Assistance dated May 2, 2012 for the Denial Period of May 1, 2012 consisting of three (3) pages.

EXHIBIT#5- Copy of Notice to Deny Your Medical Assistance dated May 24, 2012 for the Denial Period of July 1, 2012 consisting of 4 pages.

EXHIBIT#6- GHC Payroll, LLC for Natasha A. Abney dated April 4, 2012 consisting of 2 pages.

EXHIBIT#7- Regis Pay stub for payroll dates March 1, 2012 through March 15, 2012 dated March 22, 2012 consisting of one (1) page.